PETIT OF FOR EXTENSION OF TIME UNDE	ER 37 CFR 1.136(a)	Docket Number (Optional) 741890-18
CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]	In re Application of: Damien ROS	NEY et al.
	Application Number: 09/936,840	Filed: January 7, 200
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop Non-Fee Amendment Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at 571-273-8300 on	For: A SURGICAL ACCESS DEVICE	
	Group Art Unit: 3731	Examiner: Vi X. Nguyen
Signature:		
Name:		
This is a request under the provisions o reply in the above identified application. The requested extension and appropriate the requested extension and approximate the requested extension and approximate the requested extension and approximate t	n.	d for filing a
(check time period desired):	•	
☐ One month (37 CFR 1.17	(a)(1)) - (\$60/\$120)	\$
☐ Two months (37 CFR 1.1	7(a)(2)) - (\$225/\$450)	\$
Three months (37 CFR 1.	.17(a)(3)) - (\$510/\$1020)	\$510.00
☐ Four months (37 CFR 1.1	7(a)(4)) - (\$795/\$1590)	\$
☐ Five months (37 CFR 1.1	7(a)(5)) - (\$1080/\$2160)	\$
Applicant claims small entity statu	ıs.	
☐ A check to cover the fee is enclose	ed.	
☐ Payment by credit card. Form PT	O-2038 is attached.	
☐ The Commissioner has already be application to a Deposit Account.	en authorized to charge fees in this	
■ The Commissioner is hereby author	orized to charge any fees which may b	e required,

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of _______forms are submitted.

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